## DEPARTMENT FOR MENTAL HEALTH AND MENTAL RETARDATION DEPARTMENTAL MANUAL REVIEW

	Reviewer Signature	Date
I certify that the above manual has been thoroughly has been noted.	reviewed, and any need	for revision
Comments:		
Additions to Manual.		
Additions to Manual:		
Revisions to Manual:		
Pavisions to Manual:		
Staff Member Reviewing:		
Manual to be Reviewed:		